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ORIGINAL DEPARTMENT.

A LECTURE INTRODUCTORY TO HIS
COURSE FOR 1869-70.

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[CONCLUDED.]

Treatises and lectures upon "The Practice of Medicine" do not form an appropriate *introduction* to the study of medicine, for they presuppose the knowledge of a multitude of details with which a beginner is necessarily unacquainted. For example: The causes of diseases, their nature and mode of action; the significance of *symptoms* in themselves and also in their various combinations;—the natural course of diseases, their development, their rise and their decline, which are subject to laws as definite and as absolute as those which govern the successive stages in the natural growth and decay of plants and animals;—the very *idea* of disease, which students as well as non-professional persons are apt to imagine, is a something superadded to the body, like an evil spirit, whereas it is only an abnormal mode of being and acting of the normal constituents of the body;—the methods of *exploration* by which the condition, even of internal organs, may be discovered, but which any one who has not learned them by clinical illustration must find meaningless if not unintelligible;—the *lesions* of the various tissues which are always the same for the same kind of lesion and tissue, in whatever part of the body it may arise: all of these things, and more, must be learned by the student before he can thoroughly comprehend the descriptive details of any disease as they are presented in his text books.

Such knowledge can be obtained nowhere so well as by the direct observation of patients in the successive stages of disease, and by an examination of structural lesions in the dead body, of those alterations which represent the material, as symptoms represent the functional, departures from health in which disease consists. These two subjects are embraced in general pathology, and the study of them forms an appropriate introduction to that of clinical medicine, because they serve as keys to interpret the

phenomena of disease, just as they and clinical medicine together form a natural prelude to the theory and practice, and the only means by which this ultimate object and crowning division of medicine can be rendered logical, or even intelligible.

For students who have had no opportunity for clinical observation I cannot conceive of a more dry, unattractive, and unsatisfying study than treatises upon the theory and practice of medicine. And although didactic lectures on the same subject may be somewhat less dull, and rather more intelligible, because delivered by a living teacher and appropriately illustrated, they lose one-half, at least, of their value, from being imperfectly comprehended by those who hear them. It were often as profitable to discourse of painting to the blind, or of music to the deaf, as to describe diseases to an audience composed of persons who have never frequented the sick nor learned to comprehend the phenomena of their diseases from the lips of an accomplished teacher.

It was long ago said that the whole Art of Medicine consists in the observation of disease;—but like every other art its culture involves the *methodical* application of the senses and the reason. A desultory, haphazard, and superficial observation will not answer; it must be systematic, minute, and thorough. It must not be a rapid impression, an instantaneous photograph, as it were, of the phenomena perceived by the senses. Knowledge is not to be acquired *per saltum*, by a sudden inspiration; it is rather to be compared to a portrait such as a true artist makes; the outline being sketched first of all, while the details, which really characterize the picture, are afterwards slowly, minutely, and therefore laboriously filled in. In every perfect system of clinical instruction this work is performed by the student himself at the bed-side, under the direction of a master in the art; his first awkward and incomplete sketches are retouched and corrected by the teacher, and, as he advances in experience, his records become fuller and more methodical, and more faithfully represent the original they were designed to portray. But during the hurried

and too often unsystematic, studies which American students are still obliged to pursue, there is very little time or place for such a training. The greater number begin to practice without having been disciplined in the interrogation of patients, or in the manual procedures which complete the investigation where verbal questioning necessarily stops. A few, comparatively, of the whole number are able to avail themselves of the advantages afford by private classes in the hospitals during those seasons of the year when they are relieved of the burden—often too heavy to be borne—of the official lectures which they are obliged to attend. Would that the privilege which the few enjoy, and which it is impossible for them to prize too highly, could be extended to you all, and that the most signal and most mischievous defect in our system of medical education might be forever blotted out. Would that instead of an enforced attendance upon two winter sessions in which the same lectures are repeated twice over to the same audience, confusing beginners, and wearying every one—would that it were possible to spread the courses over at least three years, so that not only several very important, but some even fundamental departments of medicine might be appropriately taught, as they then would be, to eager and not to surfeited hearers, and, and above all, that during the whole period students might be kept face to face with diseases, and learn to recognize every feature of them, their forms and phases, their powers and tendencies, and the weapons which are most efficient in overcoming them. Then, indeed, you would return to your homes, neither tormented with fears of being baffled in your first conflicts with the destroyer, nor, on the other hand, elated with an overweening confidence in your ability to cope with him successfully, which the present imperfect method is only too well fitted to inspire—but, knowing accurately what you have to deal with, and equally well the limits of your power, you would advance to the conflict, not with a confidence in being able to carry off the victory in every case, but with a firm and rational conviction that what it behoves a skilful physician to perform, and what measure of success human skill may command, you will be entitled to accomplish.

But let us not be too hasty, nor let the confidence in our attainments be a mistaken one. Let us not ask of physiology, pathology, and diagnosis what they can no more give, than ploughing, manuring and watering can of themselves produce a crop of grain. Between pathology and therapeutics, between disease and the treatment of disease, there is a gulf over which no bridge has ever been erected, or ever will be. There does not exist between these subjects an organic and vital bond like that between the root and the body of a plant, but one of logical relation only, like that between the foundation and the superstructure of a house.

Each is essentially independent of the other.

The practical product or fruit of the vast and intricate field which we have been surveying may be described by two words, the *diagnosis* and the *natural history* of diseases. By diagnosis we have prepared for us the special subjects upon which the powers of medicines are to be exerted, and by which their value is to be tested. In the natural history of diseases, or a knowledge of their course and termination we possess a *standard* by which we can measure the influence exerted upon them by the remedies employed in their cure. If, for example, we have learned that in a certain disease, treated without medicines, the duration is so much, and the mortality such a percentage, we then possess a standard by which the influence of a particular treatment on the duration and mortality of that disease can be fairly estimated.

But if Clinical Medicine involved no more than this, it would still be barren of really useful results, and the labor of physicians in investigating, and the annoyance of patients in submitting to the investigations of their diseases, would be labor in vain, and still worse, unpardonable cruelty. For what matters it to the patient that the physician learns, by manifold questionings and manipulations, the seat and the nature of his disease, if the knowledge thus acquired will lead neither to the mitigation of his suffering, nor the prolongation of his life? There have been, and are even now, a few physicians in every country where medical science is cultivated, who appear blind to this inexorably logical conclusion, and who continue to teach medicine, and even to practice it, while avowing their disbelief of everything in it beyond the sterile scientific elements that we have been considering. Such men may be philosophers and naturalists, and, by virtue of their diplomas, they may be Doctors of Medicine, but they are not physicians. Physicians are they who undertake the *cure* of diseases, and who, whether their knowledge of science be as little as that of Sydenham, or as great as that of Simpson, recognize, with these eminent men, that the *cure* of diseases is the sole object of medicine, as a branch of knowledge and as a distinct profession. It is such men whose example and precept should constantly be contemplated by students and young physicians, in order that they may not become blinded by the mists which imperfect, and sometimes falsely applied, science envelops medicine at the present day; and that they may not be tempted by false teachers to sneer at what they have neither had the opportunity to study, nor possess the requisite knowledge to criticize. Fortunately, the medical student, by virtue of his position, is generally inclined—perhaps too much inclined—to repose an almost unquestioning faith in his teacher. To such lengths is this homage sometimes carried, that the master's most trivial opinions are as eagerly noted as his weightier

judgments, and his magistral formulæ are more studiously recorded than the conditions which alone give them any value. If you would learn the real power and weakness of medicine, if you would witness its glorious triumphs and its sad defeats,—if you would acquire a just notion of its efficacy, one equally removed from the credulity of the vulgar and the scepticism of the scientific, you must study therapeutics where alone they can be judged and learned, at the bedside of the sick, and under the guidance of a competent teacher,—a teacher expert in solving problems compared with which those of philosophy and pathology are simple and clear; a teacher who unites to a wide and profound knowledge of disease, on the one hand, and of the action of medicines on the other, a clear, calm and cautious judgment,—which, however it may be enlightened by learning and experience, draws its chief inspiration from the original peculiarities of the patient, and his actual condition at the moment of observation.

The results of clinical study are facts, i. e. truths, not absolute, indeed, but as nearly so as the imperfection of our senses and of our reason will allow. They reflect nature; and, although the mirror may not be wholly without flaw, nor mathematically perfect, it presents as true an image of nature as the materials of which it is composed, and our skill in using it, will permit. In forming our medical creed, if once we lose our hold upon clinical observation, all stability in our conclusions ceases; opinion succeeds opinion, and doctrine displaces doctrine without an advance in real knowledge; the systems of to-day are at war with those of yesterday, and will clash with those of to-morrow. Thus it happens that the whole history of medical opinion represents a turbulent sea, in which the waves are forever raging, now rising, now falling, as they are swayed by the moon, but never advancing beyond a certain limit. The results of clinical study, on the other hand, may be fitly compared to coral islands, which, arising from the depths of the ocean, are built by innumerable laborers, who are insignificant, perhaps, as individuals, but mighty through the final result of their labor, which grows by slow accretion, and in spite of the tempests of medical doctrines, until it forms the boundless continent of medical science and art.

Medicine, like other arts, cannot be subjected to rigid rules; its most successful exercise depends upon an especial aptitude, mental, moral, and physical. Some men are born physicians, and there are others whom no study and no experience will render skilful. Medical judgment is a gift, as peculiar as a musical ear, a mechanical hand, a graceful figure, the faculty of language, of calculation, of proportion, &c. Those alone who possess it will ever greatly excel as practitioners, although without it a physician may be distinguished as a scientific man.

Indeed, if you consult the annals of medicine, you will observe that among the most scientific men few were eminent as physicians, and that great clinical teachers have rarely been celebrated for scientific attainments. This fact goes far to prove an essential incompatibility between the qualities of mind which distinguish the two classes of physicians referred to—an incompatibility like that between music and mathematics, or between poetry and logic. At the same time it by no means proves that by dint of study and industry a man of average abilities cannot earn his bread by the practice of medicine, just as it is sometimes possible for one to overcome, by diligence, obstacles which appear insuperable except by a miracle. Let me cite a single example. There was a young man of slender fortune and education, who, in consequence of a fall, became completely paralyzed in every limb, and so continued for many years, until his death. Yet this poor, helpless paralytic, by dint of will and perseverance, learned to write, to draw, and to paint, holding the appropriate instruments between his lips and teeth, and with them manipulating (if I may be allowed the expression) in a most marvellous fashion. Let us all learn from this singular example the wisdom of patience and the power of well directed industry, and if we have been denied certain faculties by Nature, let us endeavor to compensate for the want of them by a diligent cultivation of those we possess.

After what has been said it may seem almost superfluous to urge and admonish you to take advantage of every occasion of clinical instruction which occurs during your pupillage, whether in the wards of the hospitals during the summer, in their amphitheatres during the winter, in the dispensary services and clinics of the University, and in the practice of your private preceptors.

Whatever else you cultivate, pay especial attention to clinical medicine, remembering that for the greater number among you, your brief sojourn in the city will afford you the only opportunity you may ever enjoy of being properly instructed in this one indispensable branch of a medical education. Lose not one of the golden moments appropriated to its culture—they can never be recalled.

Gastric Juice as a Solvent.

The successful experiment of Prof. LUSSANA, of Lombardy, who recently destroyed an ulcerating tumor, of supposed cancerous nature, by means of gastric juice, has been spoken of in the *Practitioner* and other medical journals as something remarkable and novel. So far from this being a new discovery we can refer to a work published anonymously in London in 1818 on chiropody in which gastric juice is recommended as a solvent or discutient application to warts and corns. Thus again does one of the novelties of science prove to be an ancient idea revived.

COMMUNICATIONS.

THE LONG TUBE IN INTESTINAL OBSTRUCTIONS.

By THOMAS HAY, M. D.,
Philadelphia.

Remedies recommended for the relief and cure of disease are sometimes neglected from theories advanced in opposition to their feasible application and utility. But the practical use of a remedy affords the true way of ascertaining its value, and when well recommended, it should not be discarded unless it has been fairly tried.

The use of the long tube in intestinal affections was recommended more than thirty years ago by a practical observer, and it was then shown that the tube could be passed upward into the colon, and that the views relating to the danger involved were erroneous.*

This instrument has since found occasional favor in the treatment of intestinal obstruction, but the different opinions urged against its practical and harmless employment have tended to keep its advantages in obscurity, and partly account for the neglect which it has received. It seems that the principal objection made to it is a supposed impossibility of safely passing the tube upward into the colon. This is attributed to one or all of several reasons, which must be known to those who have given any attention to the subject.

By some, it is denied that the tube may be passed eighteen or twenty inches upward into the intestine; by others it is said it may be passed, but that it must be in the hands of a skilful surgeon; again, it is urged that the tube will bend upon itself at some point about the promontory of the sacrum, and its end will turn downward toward the anus; or, when the tube arrives at the seat of the obstruction, there is danger that it will rupture the inflamed or gangrenous tissues, and enter into the peritoneal cavity.

In reply to these views it may be shown, that if the necessary care is taken, the tube properly selected, and the forcing pump about to be described is employed, the tube may be

introduced to the distance of twenty inches; through the sigmoid flexure of the colon, or to the seat of the obstruction, with little, if any difficulty, and without the uncertainty or danger that is supposed to attend the procedure.

If the tube should bend upon itself, it would not be possible to throw six or eight pints of liquid into the bowels with the forcing pump, without its escape through the anus during the process of injecting; for the pressure upon the sphincter ani, and distention of the rectum would be so great that the tenesmus would be intolerable. Even in the absence of other evidence, this should be sufficient to show that it may be passed the required distance without bending upon itself.

Doubtless, if it should be attempted to introduce the tube into the intestine without regard to the seat of the obstruction and stage of the malady, and the operator expected to cause it to ascend by main force, he would not only be disappointed, but serious injury would be inflicted if the patient should submit to the suffering that such an undertaking would induce.

Unless it is by inflation, there appears to be no recognized plan of active treatment in intestinal obstruction, which carries with it any small average of favorable results.

When this remedy fails, or is not suitable, the only resource usually had, is to useless injections given in the common way. In either event, if resolution does not occur, the patient must rely upon anodynes or sedatives, and go through a protracted and painful illness, and perhaps withstand the exhaustion incident to mortification and sloughing, or it may be, undergo an operation, which even if successful, leaves him in a condition disgusting and loathsome to himself.

Injections of liquid invariably fail from the inadequate means employed. As they are usually given, the rectum is first filled and distended, and the fluid rising from below upward, soon causes so much pressure and distention in this bowel that the procedure cannot be continued, and a comparatively small and inefficient quantity thus being used, the liquid must be confined to a low level in the intestine. Administered in this way, injections are seldom of avail, and from the annoyance and inconvenience to which the patient is subjected, their use should be discarded in the treatment of intestinal obstruction.

Inflation dates back to Hippocrates, and al-

* New Views on the Process of Defecation, &c., By James O'Beirne, M. D., in the Medico-chirurgical Review, No. XXXVII, London, 1833, p. 1, et seq. And On the Primary Causes of Strangulation, and on an Improved Mode of performing the Taxis, in Cases of Intestinal Hernia. By James O'Beirne, M. D., Dublin, in the British and Foreign Medical Review, No. XII, London, 1838, p. 558, et seq.

though disconcerted and even ridiculed, it has been more or less generally employed, and at the present day, no one would allow the opportunity to relieve an intussusception pass by without trying it. In the cases in which it is applicable its use is attended with more success than the injections of liquid that are usually given. But inflation is painful and tedious, and to a certain extent the objections to liquids as commonly administered, apply to it, and its use should be limited to those rare instances in which there may be some hope of cure after the injections given with the long tube and forcing pump have failed.

When the long tube and forcing pump are employed, however, liquid enemas offer advantages that are not to be had by the common way of injecting or inflation. Among the important considerations in favor of this method, is its wide range of application; its facility of effecting the maximum degree of distention; its power of exerting more effectual pressure; and its immunity from causing pain to the patient.

The distention of the rectum and pressure upon the sphincter ani are obviated by this procedure, and the retention of the large quantity of liquid that is usually required is secured. By this method the liquid is thrown far upward into the bowels; each downward stroke of the piston sends the stream of fluid considerably in advance of the end of the tube, and the intestine is filled from a very high point in its course downward toward the rectum. In this way more equable and effectual distention of the upper bowels, as well as upward pressure, are attained, and the downward flow of the liquid being easy of regulation, the enema is longer retained than when the common anal piece and syringe are employed.

Unless the obstruction is in the lower part of the large intestine, the rectum need not receive any of the fluid, until by peristalsis it gradually descends and enters this bowel previous to its evacuation.

The liquid being thrown high upward into the bowels is often brought in immediate contact with the obstruction, and early in the process of injecting, distention and pressure begin, and they are steadily increased by each homeward stroke of the piston until the obstruction is overcome, or the intestine yields to its fullest extent.

All the benefit may sometimes be obtained by a comparatively small enema, and the

lower part of the large intestine being kept empty, any impediment that might arise from distention of the rectum is obviated. Even when it may be necessary to administer large distensive injections, all the advantages are usually had, without the necessity of filling the bowels to such an extent as to distend the rectum.

These injections are well borne, and great distention of the bowels may be obtained without being complained of by the patient. In those cases in which it is necessary to fill the rectum, as, when the lower part of the large intestine is obstructed, they are more effectual, and occasion less pain than when the bowels are injected from below upward.

The application of this remedy causes no pain to the patient, and if the obstruction is not successfully removed by its first use, the patient offers no remonstrance to its repetition.

The liquid may be injected in this manner to the full length of the large intestine; and I can hardly doubt that in some cases, in which I used this treatment, a portion of the fluid passed into and distended the small intestine.

But whatever may be the real fact with regard to the small intestine, the efficacy of this treatment for removing obstructions of the large intestine cannot be affected by it.

In cases of obstruction of the large intestine, the injection of liquid by means of the long tube and forcing pump will seldom fail of success; and in view of the uncertainty which often obscures the situation and nature of intestinal obstruction, there is no good reason to reject this feasible and harmless procedure, which may prove effectual, even if the obstruction is supposed to be beyond its influence.

Other treatment may be associated with it, or it may be discontinued and different means adopted; no injury having resulted to the patient from its use.

In cases of obstruction from an accumulation of impacted feces, the formation of solid concretions, intussusception, and torsion of the bowels, this remedy is invaluable; and in uncertain cases it may be successfully employed.

The most frequent, although least dangerous form of obstruction, is that which arises from an accumulation of impacted feces. This obstruction, as well as that arising from solid concretions is protracted and painful; but by

the treatment now recommended, very great and early relief will be given, and the affection cut short in its progress.

Obstruction from intussusception is frequent and fatal. In fatal cases intussusception is the most frequent cause. From a comparison of 600 necropsies of obstruction, DR. BRINTON concludes that 43 per cent. of the deaths are caused by intussusception, and that the varieties of intussusception have to each other the following proportionate frequency: Ileo-caecal, 56 per cent.; iliac, 28 per cent.; jejunal, 4 per cent.; colic, 12 per cent.*

If these conclusions are correct, this means of treatment will be found to lessen the mortality from that cause. The degree of distension and upward pressure that may be produced by this treatment in cases of intussusception at the ileo-caecal valve, and in the colon will, in many instances, effect a speedy cure.

Obstruction from torsion of the bowels, is no less affected by this procedure. Perhaps two-thirds of the fatal cases from this cause are in the large intestine, and the most frequent seat is the sigmoid flexure of the colon.

This variety offers no impediment to the effectual action of the remedy, and in all instances, both of torsion and intussusception, it should be thoroughly tried, rather than trust to a cure by the usual remedies; nature, or the knife.

In strangulation, caused by the passage of the bowel through some abnormal opening, as through a rent in the mesentery, meso-colon, or omentum, this treatment will alter the relations of the abdominal contents, and may facilitate the reduction of the tumor. When the bowels are to be emptied in obstructed irreducible and strangulated hernia, this procedure should always be employed in preference to the common way of injecting.

In obstinate constipation, with or without evidence of obstruction, this remedy affords a valuable means of relief; and in colic, purgative or anodyne enemata administered through the long tube, are more effectual than when the common syringe is employed.

In all cases the remedy should be resorted to as early in the attack as possible, and repeated according to the urgency of the symptoms.

The quantity of liquid injected need not be larger than six or eight pints, unless the ob-

struction should not yield, or its situation point to the small intestine, when the greatest quantity possible to be retained should be administered.

The injection should be retained as long as it can be borne, and in the meantime the abdomen should be manipulated. After one-half of the liquid intended for a single injection is thrown up, it is also a good plan to manipulate the abdomen before the remainder is injected.

The essential qualities of the liquid may have great bearing in a case; but, whether it is a common enema of water, tobacco, opium, belladonna, or turpentine that is to be administered, the long tube and forcing pump supply the only adequate means by which success may be attained; and no doubt inflation would be more efficient, and less painful than it usually is, if the air were injected through the long tube.

Of the liquids that may be used, oil of turpentine mixed with the yolk of eggs, and thoroughly incorporated with water, supplies an enema possessing advantages which give it a preference for general purposes. A liquid prepared from one-half to two ounces of the oil of turpentine, the yolk of an egg, three ounces of olive oil, and the requisite water, will be found efficacious for general use. This form of injection seems to maintain peristalsis in a condition favorable to promote cure; neither exalting it to excess, nor depressing it. It relaxes spasm, soothingly stimulates the intestines, promotes easy and free evacuations, without tenesmus, and gently stimulates the system. In the largest quantity it may be retained from fifteen to thirty minutes, and in some instances even longer.

As already intimated this procedure involves the introduction of the long tube upward into the intestine, through the sigmoid flexure of the colon, or to the seat of the obstruction, and the injection of a properly selected liquid, with the forcing pump. To accomplish this, the tube must possess certain qualities, the proper instrument must be employed to throw up the liquid, and some necessary points in the manipulation must be observed.

Having used this treatment in many cases, I shall describe the apparatus which I have employed for several years past, and shall refer to the points in the manipulation which must be observed in the introduction of the

* Intestinal Obstruction. By William Brinton, M. D.,
Philadelphia, 1867.

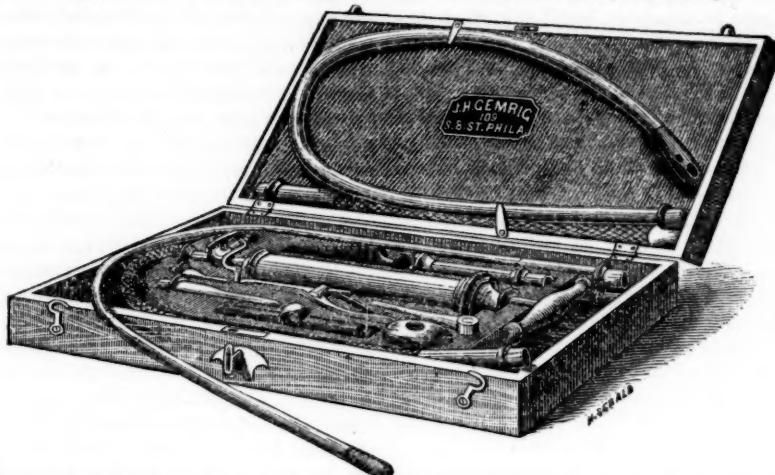
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The apparatus combines all the requirements necessary for the proper administration of these injections, and may also be employed as a stomach pump. It is packed in a neat and portable case, which contains the long tube

for the rectum, the spring lever forcing pump, stomach, and accessory tubes, and other appliances, as shown in the accompanying illustration, and may be purchased from Mr. Gemrig, No. 109 South 8th St., in this city.



The tube is twenty inches long, exclusive of the brass mounting at the lower end for attachment to the pump, three-eighths of an inch in diameter, and of such a degree of flexibility that it will conform to the course of the intestine by the heat of the body. It should combine with its flexibility a certain degree of stiffness, and have the upper end bulbous, with the opening at the point, and not at the side. The bulbous end should not be disproportionately large, compared with the diameter of the body of the tube.

Many of the tubes now made are larger at the bulbous end than convenience or necessity seem to require.

The pump is made of brass, of about four ounces capacity, with a small tube at the end, and one at the side. The communication between either of the tubes and the chamber of the pump, is controlled by a stop-cock arrangement, which is moved by a spring lever attached to the side of the instrument. The small tubes at the end and side of the pump are for the attachment of the long, and one of the accessory tubes. The accessory tubes are simply for the convenience of filling the pump from the basin which contains the liquid to be injected.

When the long tube is introduced to the necessary height, and one of the accessory tubes is placed into the liquid, and the attachments

without changing the arrangement, or any interruption in the process.

Previous to introducing the tube it should be well soaped and oiled, for otherwise it will be arrested in its passage upward, either by the bowel or sphincter ani.

With the patient lying on his back, the thighs abducted and semi-flexed upon the abdomen, and the shoulders elevated on pillows, the tube is introduced into the anus and passed upward, with the point directed backward and toward the left, until it reaches the promontory of the sacrum, where it is usually arrested, when it should be drawn backward an inch or two, and while it is firmly pressed against the posterior margin of the anus it is again passed forward, and readily ascends beyond this point. Gentle, but firm forward pressure is then kept up until it is passed its full length, or meets with some point which opposes its ascent. This usually happens when it reaches the sigmoid flexure of the colon. The tube is then withdrawn as before, and pressed forward. This may be repeated, if necessary, in rapid and quick succession, and, if it is still opposed in its ascent, the tube is attached to the pump and again withdrawn a short distance, and as it is passed forward, three or four ounces of the liquid are thrown up, with gentle, but firm force. More than one or two efforts are seldom required to pass the tube beyond the promontory of the sac-

rum; nor is it any more difficult to unfold the convolution of the sigmoid flexure of the colon, or dislodge any mucous folds of the intestine. The promontory of the sacrum and lower part of the sigmoid flexure of the colon, are about the only points at which the ascent of the tube is opposed; but if any other presents itself, the same manipulation will overcome it, and the tube may be passed its full length, or to the seat of the obstruction.

Before the tube is introduced the situation of the obstruction should be ascertained whenever it is possible, and in no instance should attempts be made to pass the tube through it. Such efforts, even if successful, would not assist the treatment, but only do harm. When its situation cannot be accurately ascertained beforehand, and it is within the reach of the tube, the degree of resistance and the peculiar sensation communicated to the hand through the tube, when it is manipulated as directed, will always enable the careful observer to recognize the real obstruction from the ordinary obstacles which oppose its ascent.

When the tube comes in contact with the obstruction, or presses against the side of the intestine, and the piston of the pump is rapidly pressed downward, and allowed to ascend suddenly, the patient suffers pain, and the operator feels a sensation of compression and expansion of the liquid within the cylinder of the pump. In such case, the tube should be withdrawn a short distance, or turned on its axis, when the extremity will be freed, and the fluid allowed to ascend, unless the obstruction has been reached. In the latter event, the piston will be moved with less freedom, and if the tube is further withdrawn to allow the fluid to be injected, the bowel about the obstruction will be distended, and if the obstruction should not be previously removed, the fluid will descend in the intestine.

Before the liquid is thrown up, it is advisable to permit any flatus or fluid feces to escape. The liquid should then be injected slowly and regularly, but the piston should be pushed downward with sufficient force to overcome the slighter impediments of fecal matter, and to unfold and dislodge any mucous folds of the intestine.

The entire operation is simple and can be accomplished in less time than it occupies to describe it, but it is to be remembered that each step must be conducted gently and no violent force used, otherwise the end aimed at will be defeated, and unhappy results will follow.

If these directions are observed in the introduction of the tube, it may be safely and easily passed to the necessary height.

In conclusion, I desire to refer to two cases of obstruction, which resisted the usual remedies and steadily increased in severity, but were speedily cured by this treatment.

Case 1. A gentleman, aged 52 years, of previously constipated habit, on the 24th day of March, 1866, experienced severe pain in the abdomen, which was accompanied with positive constipation. On the fifth day of his illness I saw him, and found a distinct and well defined tumor in the right iliac region, which was oblong, and about three inches in length by two and a half in breadth and depth. The tumor was hard, and to some extent movable. The abdomen was tympanitic and painful. Pressure over the region of the tumor gave increased pain. The usual remedies were administered without relief. On the third day of my attendance—the eighth day of his illness—the abdomen becoming more distended, the pain increasing, with thirst and nausea; tongue rather dry; pulse frequent and feeble, and the patient refusing all nourishment; the long tube was introduced its full length into the intestine, and about six pints of the turpentine liquid were injected. The injection was retained about twenty minutes, when a portion of the fluid and some fecal matter were evacuated. During the day he had two more motions, which contained some lumpy feces. The patient had a comparatively quiet and comfortable night. The next morning the tumor was still distinctly felt, and apparently little diminished in size, but it was softer, and pressure upon it caused less pain. The symptoms of the previous day were mitigated, but the distress of the patient was still great, and the remedy was repeated. The turpentine liquid was injected through the tube, introduced to the same distance, as on the first occasion. By evening the patient had several copious evacuations and very decided relief. Each evacuation contained hard lumps of broken down fecal matter. The tumor was greatly diminished in size, and from this day forward rapid recovery followed. By the subsequent aid of a pill of compound extract of colocynth, extract of nux vomica, and extract of hyoscyamus, given at bed time, the bowels were moved daily, and in a few days the tumor entirely disappeared. The gentleman is now living and in good health.

Case 2. George A—, aged 23 years, was

suddenly taken very ill on the 25th day of April, 1869, with violent pain in the right hypogastric and iliac regions, followed on the second day by vomiting, which in a few hours became fecal. Although all the usual remedies except inflation had been faithfully employed, his condition became aggravated without any relief to the distressing symptoms.

On the fifth day of his illness everything indicated approaching dissolution, and he was in the following condition: Abdomen tense and painful, with an indistinct tumor in the right hypogastric and iliac regions, tongue dry, pulse weak and irregular, vomiting of fecal matter at intervals of from twenty to thirty minutes, extremities cool, and the skin clammy. At 9 o'clock, A. M., on this, the fifth day of his suffering, I saw the patient with Drs. SHOEMAKER and SCHOLFIELD, and with the consent of these gentlemen, the long tube was introduced twenty inches upward into the intestine, and about six pints of the turpentine liquid were injected. The enema was retained fifteen or twenty minutes, and then came away with some fluid feces mixed with it.

The patient's condition was unchanged by the remedy, and at 1 o'clock in the afternoon the tube was again introduced its full length, as in the morning, and about eight pints of the turpentine liquid were injected. Suddenly, while manipulating that portion of the abdomen where the tumor seemed to exist, the bowel started and slipped away from under the fingers, and from that moment the vomiting and acute pain ceased. In twenty or thirty minutes the bowels moved and fluid feces and some softened, lumpy matter were passed. During the afternoon there were two or three copious motions of a like character, and in the evening the patient, who had not taken any nourishment for five days, ate as heartily as he was allowed. Under the care of Dr Shoemaker he made a rapid recovery.

This may perhaps be said to have been a case of hernia. It was carefully examined in this respect, and I have lately seen the patient, and there can be no doubt that it was a case of ileo-cecal intussusception.

As the result of the cases in which I have used this treatment, it may be safely said that the introduction of the long tube twenty inches upward into the intestine, through the sigmoid flexure of the colon, is a feasible and harmless operation, and that many cases of obstruction may be speedily cured, and protracted suffering and even death may not infrequently be

averted by the use of liquid injections administered with the long tube and forcing pump.

1208 Vine St., Philadelphia.

MEDICAL SOCIETIES.

COVINGTON AND NEWPORT, KY., MEDICAL SOCIETY.

October 12, 1869.

(Reported by Dr. J. W. Hadlock.)

This flourishing society meets on the evening of the second Tuesday in each month. Its meetings are characterised by interest and ability. Papers from time to time are read on various medical and scientific subjects, cases reported and discussed, and in short, every subject calculated to improve and advance the interest of science and the members of the society, is investigated. At every meeting (which is usually held at the residence of some one of the members,) an elegant supper is served up, which elevates the spirits, and makes glad the heart of the *thirsty M. D.*

Ergot.

On the evening of the above date, Dr. JOHN T. WISE read an able and interesting paper on the use of ergot as a *parturient*. He said that he was so fully convinced of its efficacy in those cases, that he would not know how to get along without it. That from its use in a practice of more than twenty years he gave it, expecting the peculiar results of its action with as much confidence as he expected to allay pain by the administration of morphine. He had never seen any unpleasant effects either to mother or child, follow its administration. Notwithstanding, on one occasion he was urged by an English midwife not to give it, as English physicians said that no child could possibly be born alive where ergot was given.

Dr. W. referred to a number of interesting cases which had occurred in his practice, where he had used the ergot, and he now looked back over an extensive field of obstetric practice, with feelings of satisfaction that he had so often used ergot with so much benefit and advantage to his patients. He felt certain that he had seen labor pains increase in frequency, and force from its use, and many difficult and tedious labors facilitated and brought to a happy and speedy termination.

Following the recommendations of authors, he had in the last few years used it in hemorrhages *after* abortions, and to check excessive leucorrhœal discharges, in both of which it had given entire satisfaction. Some of the best authors recommend giving ergot *just before* delivery, with the explanation that it facilitated the expulsion of the *placenta*. If it acts on the womb in one case, why not in all cases? He had often given it before birth when there was a

predisposition to hemorrhage, after the birth of the child, and always with the happiest effect.

Ergot had been highly extolled as a remedy in gonorrhœa, gleet, etc., but he had never used it in those diseases, and could not, therefore, speak of its value.

The above paper gave rise to an animated discussion in which a number of the gentlemen present participated. Some objected to claiming any benefit from the administration of ergot in obstetrics, on the ground that every obstetrical case had its own history, and they had often seen the same results follow the giving of ginger tea, whiskey, morphine, or in fact any stimulant, that is claimed for ergot, and that in those cases where it was claimed ergot had facilitated labor, that it was a mere accident and any stimulant would have produced the same result.

There was present Professor W. B. WRIGHT, so long a teacher of Obstetrics in the Ohio Medical College, and whose age and experience entitle his opinions to more than ordinary consideration; who took decided grounds against the use and efficacy of ergot as a parturient, and controverted every claim made for it. He took the positive position that it had no influence over the womb to cause the contraction of that organ, and that where it had been experimented with on dogs, pigs, cats, etc., and caused abortions, that the uterus had expelled the fetus, as a foreign body, after it had been destroyed by the ergot.

CINCINNATI ACADEMY OF MEDICINE.

October 18th, 1869.

ACEPHALOUS FETUS.

(Reported by Dr. Hadlock.)

Professor JOHN H. TATE presented to the Academy an acephalous monster of about eight months. The mother gave the following history of her case: About the fourth month of pregnancy, while attending a camp-meeting, horses, hitched to a wagon near where she was standing, took fright and ran close by her, when she became very badly frightened and started to run, and a large dog ran after her and jumped upon or against her in such a manner as to very much increase her fright. After her recovery she got along very well, and was taken in labor at the end of the eighth month of pregnancy, when she gave birth to the specimen before you.

Dr. Bramble and others (of the section of anatomy) have carefully dissected the spine and cranium, and find evidence of a peculiar arrest of development.

The arches of the vertebrae of the superior portion of the spinal column are wanting or imperfectly developed, having an opening or slit into the spinal canal posteriorly.

The cranium presented a peculiar appearance in consequence of an apparent deficiency in the bones

bounding it above and behind. This portion was almost perfectly flat, running in a right line from a little above the eyes to the spinal column. On more minute examination and dissection the following abnormal conditions were observed.

The vertebrae from the first cervical to the seventh dorsal were imperfect, the arches being wanting in whole or in part, the deficiency increasing from below upwards, until at the upper part of the cervical portion there were only mere rudiments, and these projecting latterly instead of converging toward the median line; this lateral direction becoming more and more marked as the superior extremity was approached.

The spinal marrow began at the eighth dorsal vertebra, there being no nerve substance above this point; the membranes, however, continued up to the cranium.

The basilar process and condyles of the occiput were about the usual size, but there was no development of the expanded portion.

The parietal bones were very small, thick and quite flat, not at all concave and scarcely to be recognized, except by their position. The superior portion of the frontal bones were wanting, and the only portion of it present was the orbital plates, and a rim just sufficient to bound the orbit. The temporal, sphenoid, ethmoid, and bones of the face were about normal.

Most of the cranial nerves were visible in their natural position, but their origins were wanting, as there was no brain for them to arise from, nor was there any cavity to contain it, the bones of the superior posterior portions of the skull being so small and flat that they lay in contact with the superior surface of the base.

It will be observed that the bones containing the organs of special sense, temporal, ethmoid, anterior inferior portion of frontal, and bones of the face, were fully developed, and these organs seemed to be natural in size and general appearance, the nerves passing to them in the regular normal way, but having no origin in any nervous centre, for, as before stated, there was no brain, and no cavity to contain one. There was nothing to indicate that the missing parts were formed and afterwards absorbed, but everything went to show that it was a case of arrested development.

The specimen is interesting as showing the formation and growth of nerves and the organs of special sense without corresponding development of the nervous centre necessary for the performance of their functions.

There are two theories in regard to the condition of things found in this specimen—one is, an arrest of development from some cause or other generally not known. The other is, an arachnitis followed by effusion, and that in consequence of the pressure caused by the presence of the liquid, there had taken

place an absorption of the already developed brain, and a subsequent collapse of the vault of the cranium.

Erysipelas from the Application of Coal Oil.

Dr. MILLER (of this city) reported a case of a female patient, who was troubled with bronchitis. She had, at the suggestion of a friend, applied coal oil over the chest as a counter-irritant, which was proving to be worse than the disease.

The application of the oil had caused a very extensive erysipelatous inflammation, which was extending over the whole anterior part of the body and upwards to the face. He had never known such effects to follow the application of the coal oil before, and had spoken to a number of old practitioners in reference to the case, but they had not met with anything similar in their practice. What the termination of the case may be remains to be seen.

EDITORIAL DEPARTMENT.

Periscope.

Staphyloraphy.

In a report on this subject to the Illinois State Medical Society, Dr. Moses Gunn, of Chicago, gives some interesting statistics. He says :

Prof. Mussey, of Cincinnati, reports four operations, all on the soft palate. In one case, the patient attained perfect articulation; in another there was improvement; two were lost sight of.

Prof. Goldsmith, now of Vermont, reports seven operations, six of which were upon the velum, and one upon the entire palate; there was improvement in speech in five.

Prof. Hodgen, of St. Louis, reports three operations; one on complete fissure, and two on fissure of velum only. In one of the latter two there was decided improvement. In the first case mentioned, an obturator was being fitted at the time of writing.

Prof. Miner, of Buffalo, reports three operations, two for incomplete, and one for complete, fissure. In the latter, an obturator was used. Result—decided improvement in one case.

Prof. Marker, of New York, reports two operations, one of which was for congenital, and one for traumatic, fissure. In the congenital case, there was very slight improvement, while in the traumatic case, there was a perfect restoration of speech. These two cases are especially interesting and instructive, illustrating, as they do, the difference between the recovery of a temporarily lost power and the acquiring of an entirely new art, after maturity, and, at best, with but an imperfect organ.

Prof. Gross writes :—" I do not think that the speech ever improved very greatly after the operation, however successful. This, certainly, has been the result of my own experience, notwithstanding the pains which most of my patients have taken to educate themselves in articulation."

Prof. Parker has operated four times, in all instances, for fissure of velum only. He writes :—" In each case I was very much disappointed in the re-

sult upon articulation. There was no decided improvement. My disappointment was so great as regards improvement in speech that for many years I have refused to operate."

Your reporter can from his own experience enumerate only three successful operations, and honesty compels him to acknowledge that those were of no benefit to speech.

A little reflection on the subject will enable us to see why so small rewards should attend, or rather follow upon, this operation. The operation requires for its performance the cooperation of the patient; this is inconsistent with either an anaesthetic condition or that lack of courage and endurance which, as a general rule, characterizes childhood. Consequently, we are compelled to postpone surgical interference till about the period of dawning maturity. And, now, after a successful operation, at this late period, the poor unfortunate attempts to learn a new and really difficult art, and that, too, with an imperfect apparatus—a machine imperfect in one of its important constituents. The difficulties which attend his efforts, and which he must overcome, may be faintly appreciated when, after maturity, we attempt to articulate a new language, or correct, here and there, in our native tongue, a long-practised habit of incorrect pronunciation. The German, however intellectual by nature or cultivated by study he may be, finds it almost impossible to articulate some of the sounds of our language, as, for instance, the sound of *th*, while the American finds it equally difficult to express correctly the gutturals of the German. Add to these well-known difficulties a habit grown and matured with the individual of misarticulating each and every articulate element of a language; consider, also, that his machinery for articulation, though materially improved by the operation, is still far from perfect; remember how small is the proportion of really tractable or persevering men, and we shall cease to wonder at the small number who, after this operation, ever attain fair powers of articulation. As a merely surgical procedure, staphyloraphy is a feasible operation; but

as to its rewards, a reasonable doubt may yet be entertained.

A Case of Abortion.

The following sad case is recorded by Dr. HEISE of Joliet, Ills., in the *Transactions Illinois State Medical Society*. Would that it might prove a warning to others :

Mrs. A., aged 20, primipara. Dr. Heise was asked to visit this case in consultation with Dr. Bacon, of Lockport. Patient had been 24 hours in strong labor, with no progress. Dr. B. stated that he had not been able to ascertain the presentation, as he could not introduce the finger into the vagina. Dr. H., attempting an examination, found the canal completely occluded by a tense, firm membrane, about one-third of an inch from its external orifice. There was a small opening, sufficient to admit a good-sized probe, at the upper or pubic part of this membrane, but no justifiable force could make way for the finger. Through this opening the waters had discharged some 10 or 12 hours previously, since which time the patient had been in strong labor, with constant expulsive pains. The husband being asked if he had ever had complete connection with his wife, replied that "he had," but on being questioned closer, stated that he "had some time ago, but not recently." On being pressed for his knowledge of any cause for her present condition, he acknowledged that he had been married only about two months, that he had had sexual intercourse with his wife some time previous to their marriage, that finding herself *enceinte*, they had procured the services of an abortionist, who had operated upon her for 15 minutes with a wire, and pronounced the operation complete; that after this operation she was sick and confined to her bed for six weeks, purulent and bloody discharges taking place from the vagina.

Inasmuch as the passage of a probe through the orifice in the membrane showed a cavity beyond it, Dr. H. hoped it might be the only obstruction. On dividing it, however, he found still others, in the form of fibrous bands, stretching obliquely across the vaginal canal, interlacing with each other, the whole length of the vagina, and very firm and strong. Carefully dividing these, the fetal head was plainly felt in the first position, and the patient was soon delivered of a healthy child. Severe inflammation of the vagina, womb, and peritoneum supervened, and she died on the ninth or tenth day thereafter.

Enlargements of the Viscera in Rickets.

Dr. DICKINSON read to the Royal Medical Chirurgical Society, recently, a paper on this subject. He says :

Certain organs of rickety children, particularly the liver, spleen, and absorbent glands, are apt to become altered in a manner somewhat analogous to the change which occurs in the bones. The liver

increases in size so as to project palpably below the ribs. It becomes dense, elastic and pale. The most striking change in its structure is a morbid development of the portal fibrous tissue, which is often evident to the naked eye, circumscribing each lobule. The spleen undergoes in some cases an enormous increase, forming a hard tumor under the walls of the belly, which may reach from the diaphragm to the pelvis. It becomes hard and dense, and has a purple color, sometimes mottled with buff, on which the white Malpighian corpuscles conspicuously show. These changes are due partly to a swelling of the delicate reticulum in which the splenic pulp is immediately contained, and partly to an increase in the cellular and corpuscular contents of the meshes. The latter change, however, is not always present, since the corpuscles in some cases become atrophied, the spleen then being hard, but not necessarily increased in bulk. The absorbent glands are often considerably enlarged, owing to an increase in their cellular and corpuscular contents. The kidneys become enlarged and pale, owing to an increase of the epithelium in their convoluted tubes. None of the organs affected as described give any reaction with iodine. The change in the viscera is due not to the presence of any formation foreign to their structure, but to an irregular hypertrophy which alters the natural proportion of their tissues. The epithelial and corpuscular element is generally increased, while in the liver the capsule of Glisson, and in the spleen the trabecular tissue, are abnormally developed. It appears (so far as an analysis of the spleen can be taken as a guide to the general condition) that in the viscera, as in bones, there is a deficiency of earthy salts. The condition of viscera which has been described belongs especially to the first four years of life. It usually occurs in connection with the external signs of rickets, though sometimes the visceral precede the osseous changes; and it not seldom happens that the visceral change may be extreme when the modification in the skeleton is but slight. The rickety state of the viscera, like the alteration in the texture of the bones, is transient in its nature. Under favorable circumstances the affected organs have a strong tendency to recovery, and, even when swollen to the utmost, will occasionally return to their natural dimensions. The change in the viscera appears to interfere comparatively little with their functions. The swelling of the spleen, indeed, when considerable, is often accompanied by much anæmia, but the change in the liver is unaccompanied either by ascites or jaundice, and though the kidneys may be decidedly enlarged the urine remains free from albumen. When the visceral change has taken place to a considerable extent, the child is usually emaciated and anæmic, and is especially liable to be attacked by the diarrhoea, bronchitis, or pneumonia to which rickety children are prone. These affections constitute the chief

dangers to which it is exposed. The treatment found to be beneficial is that ordinarily called for in cases of rickets. The diet should be nutritious and carefully adjusted, consisting of milk, beef-tea, meat, and wine, according to the age and state of the patient, while medicinally cod-liver oil is a prime necessity, and iron and quinine seldom fail to be advantageous. The rickety change which has been described differs both pathologically and clinically from the lardaceous or amyloid change on the one hand, and on the other from the enlargement of the spleen and absorbent glands which has been associated with the name of Hodgkin.

The Perils of Fashion.

The *Lancet* inveighs in the following good set terms against one of the follies of modern fashion :

There is little need for wonder at the almost fierce contempt with which young men whose characters are at all above the lowest grades of conventional inanity regard the average "girl of the period." It cannot be denied that there is a significant correspondence between the aesthetic hideousness and the degrading effects on physical health which are produced by the tight stays and crippling boots, and a certain mental and moral tone in female society of the present day, which is no less surprising than it is repulsive. The whole dress and carriage of our fashionable women, for several years past, has been modeling itself, with less and less concealment, upon the ideal furnished by Parisian *lorettes* of the consumptive Traviata type. It is not our business to set up as moral censors. But we may be excused if, for once in a way, we find it impossible to ignore the logical though repulsive consistency of the *grandes dames* and citizenesses who are willing to spoil their lungs and their digestions, and endanger their chances of happy maternity, for the sake of a wasp waist; to talk slang closely verging on indecency, for the sake of the tenth part of a chance of catching a husband; and to simper and leer at the indecencies of a *Grande Duchesse de Gerolstein*, in order to escape the dreaded imputation of a deficiency in *chic*.

Senator Nelaton and the Microscopists.

The Paris correspondent of the *Lancet* says :

The *Figaro*, one of the well-known literary journals of Paris, issued a sort of album-number (*numero-album*.) containing short notes from several scientific and literary celebrities, which had been specially contributed to the number. Amongst them are a few lines from M. Nelaton; and as they have been much commented upon, and have already drawn forth a protest from a distinguished Parisian surgeon, readers will take some interest in perusing them. M. Nelaton was desirous, it would seem, to manifest his opinion in favor of the high value of clinical surgery in face of the growing pretensions

of microscopical and chemical researches, and thus expressed his thought in the pages of *Le Figaro*:

"I am happy to see the rising generation refuse to follow those false appearances of exact and profound science borrowed almost exclusively from microscopical research, and attach itself to the study of surgery, based upon the great indications furnished by clinical observation. It is because they drew their inspirations from these principles that the great masters of the beginning of this century, and especially Dupuytren, the most glorious amongst them, have given to the French school that legitimate renown which it still enjoys throughout the whole world."

Surgical Treatment of Hepatic Abscess.

Dr. CANNON in the *Lancet* says :

Abscess of the liver is common at Alexandria, and occurs principally amongst the poor Greek population which resides in ill-ventilated and badly-drained dwellings, is poorly fed, and given to indulging in a bad kind of ardent spirits.

The plan of treatment now generally pursued is as follows : At the earliest suspicion of the formation of abscess of the liver, a long exploring trocar is plunged boldly into the centre of the hepatic dullness. It matters not whether this proceeding involve piercing the sac of the pleura, peritoneum, or both sacs. If pus issue, the abscess is partly evacuated, and allowed to discharge itself for some days through the trocar, which may be temporarily stopped by a plug. Adhesive inflammation sets itself up in the serous membrane around the trocar, and thus extravasation is of rare occurrence. When adhesion is thought secure, a drainage-tube replaces the trocar, and a gradual evacuation and contraction of the abscess follows; the process of cure varying from one to three or four months. This treatment, when applied to very large abscesses, which are easily recognisable, is less successful. The great point in the treatment is the early detection of abscess, and the consequent prevention of much destruction of hepatic tissue by its progressive enlargement. Occasionally it is found useful to wash out the abscess sac with solutions of carbolic acid or other applications.

In the small Greek hospital at Alexandria, I saw recently five cases undergoing this treatment under the hands of the enthusiastic young surgeon of the institution. They were in various stages of cure, and all were progressing most favorably. The rapid improvement which had followed, in each instance, the evacuation of the abscess was most remarkable. One case, of which the symptoms were obscure, yet marked as those of abscess of the liver by the experienced skill of the attendant, had been thrice subjected to the use of the exploring trocar without the detection of the abscess, yet had not in the smallest degree suffered from the procedure. Cases

of multiple abscess have occurred in which two or three collections of matter have been successively reached by the trocar. I was fortunate enough to witness at the same hospital the evacuation of a liver abscess which had burst into the pleura, and filled that sac with characteristic liver pus. The issue of this case was, of course, very doubtful. The measure of success which follows this bold treatment has been, I was told, very considerable, and, indeed, the many cases under treatment spoke for themselves, in the cheerful and hopeful look for the patients, and the rapid improvement which had followed the evacuation of the abscesses.

Prolonged Retention of Fœtus.

Dr. BUCK in the *Transaction Illinois State Medical Society*, says:

Sometime in March, 1868, I was engaged to attend Mrs. M. in her confinement, which was expected about the 1st of April. She had been guided in her reckoning not only by the disappearance of her menses, but from her quickening, which occurred about the middle of November. A short time before her expected confinement, she accidentally fell, felt sickened at the result, was alarmed, in view of the probable consequences, but was soon able to be upon her feet, as usual. She afterwards stated to me, that from that time, although there was no discharge of any kind, her size gradually diminished. She was kept in a state of continual suspense, until June 28th, when, after a day's work at the wash tub, she was taken sick and sent for medical aid. Her sickness resulted in the expulsion of a fetus, much shriveled, but not putrescent, and in size about the average for a six month's gestation. She recovered without any untoward symptom.

Snake Bite Cured by the Application of a Coal of Fire.

Dr. PERKINS writes to the *Galveston Med. Jour.*:

While serving in the Confederate army I heard a very intelligent gentleman say that *firing* was the best remedy for the bite of a venomous snake. I never knew of the application of the remedy until a few days ago. A young man, 18 years of age, was bitten by a very large rattlesnake (five feet long) on the arm, above the elbow. A coal of fire was applied a short time after he was bitten. I saw him two hours after the accident, when he appeared very much prostrated and was vomiting every few minutes—pulse very small and frequent, complaining constantly of the burn, which was pretty severe. I gave him freely of diluted alcohol. His recovery was rapid and the swelling in the arm slight.

The question now is, did the fire do any good? I think it did; not only by destroying the virus, to a considerable extent, but also by producing a local incapacity in the veins and absorbent vessels to perform their functions. I think, in all probability, he would have died before the alcohol was given, if the fire had not been applied.

Reviews and Book Notices.

Diseases and Injuries of the Eyes: their Medical and Surgical Treatment. By George Lawson, F. R. C. S., &c. Philadelphia: Lindsay & Blakiston, 1869. 1 vol. 8vo. cloth, pp. 436. Price, \$2.50.

No branch of medicine or surgery, no specialty in the whole domain of our science, seems to be cultivated with anything like the assiduity of ophthalmology, at least, if one may judge from the number of volumes, essays, journals, and articles which are written about it. Many of these works are ably composed, and are evidently the fruit of conscientious and keen observation, as well as extended practice. Such is this of Mr. Lawson. He is already well known in this country as a writer on ophthalmic surgery, and this volume will serve to extend his reputation.

It covers the ground quite fully, treating separately of diseases of the conjunctiva, cornea, sclerotic, iris, vitreous, humor, crystalline lens, retina, choroid, optic nerve, lachrymal apparatus, eyelids, orbit, anomalies of refraction and accommodation, strabismus, etc.

It is the sort of a volume which the general practitioner, who wishes to post himself on diseases of the organ with the smallest outlay of time and money, will do well to buy. It is neatly printed and bound, and has about forty illustrations on wood.

Annual Report of the Board of Regents of the Smithsonian Institution for 1868. Washington, 1869.

We always look with pleasure to the perusal of this volume, as it is sure to put within our reach some exceedingly valuable articles on scientific subjects, which we will not easily find elsewhere; and it also always contains a quantity of information about the doings of the scientific world abroad, of great interest to all who have faith in the spirit of the nineteenth century. The present number is not inferior to that of previous years in abundance and richness of contents, and will be welcomed warmly by students in almost every department of natural and exact science.

Transactions of the Nineteenth Anniversary Meeting of the Illinois State Medical Society. May, 1869. Chicago: 1 vol. 8vo. paper, pp. 150.

There are thirteen reports in this volume, and the minutes of the meeting. The report on Obstetrics, by Dr. H. B. Buck, is carefully prepared, and contains a number of instructive cases. That on Placenta Praevia, by Dr. B. H. Cheney, of Joliet; on Staphyloraphy, by Dr. Moses Gunn, of Chicago; and on Aphasia, by Dr. H. M. Hurd, of Chicago, are also especially worthy of mention. Much information of a local character is contained in the Report on Practical Medicine, by Dr. E. P. Cook; Dr. J. S. Hildreth and Dr. E. L. Holmes, contribute an article each on Ophthalmology. The volume closes with a list of members.

Nov. 6, 1869.]

Editorial.

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MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOVEMBER 6, 1869.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

NOTICE !!

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN THIS COUNTRY. If the leading Physicians and Surgeons of America do not write for the medical journals, as do those of Europe, we are determined that it SHALL BE NO FAULT OF OURS. We shall expect—and have a RIGHT to expect, a commensurate support.

For new subscribers we make the following LIBERAL OFFERS:

1. To any of our present subscribers who will send us a new name, a copy of the PHYSICIAN'S DAILY POCKET RECORD; and credit on books, etc., for more than one name, to the amount of ONE DOLLAR for each name.

2. New subscribers who remit \$5, will be entered to the end of 1870. Those who send in their subscriptions soon, will therefore receive the REPORTER for FOURTEEN MONTHS for Five Dollars!

Until there is a change in the Postal Laws, or in the Post Office arrangements, we shall be compelled to cease prepaying postage on the REPORTER after the close of this year. Prepaying subscribers will not, however, lose anything in consequence.

VAGUE THERAPEUTICS.

La medecine *expectante* is becoming one of the most dangerous fashions and follies of the day. The decay of faith in drugs has had a disastrous effect on the regular profession as

well as on their patients. It has led students to disregard therapeutics and *materia medica* in favor of diagnosis and do-nothingism, which latter soon brings on know-nothingism. The divorce of pharmacy from medicine—a most disastrous separation for both arts—led to an ignorance of drugs, and this ignorance has naturally brought about a disuse of them.

Nevertheless the experience of ages remains the same, and if as a mass physicians do not appreciate the fact that *drugs cure diseases*, or do not avail themselves of it, the non-medical public will soon make capital of such obtuseness. If the inquiry is pushed, why patent medicine vendors have such success, it is because many of them deserve it. They take great pains to secure an excellent recipe for some common complaint, they purchase the purest and freshest drugs to compound it, and they assert and correctly assert that it will cure such and such a disease. A distinguished manufacturing chemist of Brooklyn explained on these grounds the great popularity of many medicines, and no doubt he is correct. If the regular physician is feeble in his faith in the curative powers of nature's products—the worse for him. The public have such a faith strongly, and are right in holding it.

Another misfortune which attends these lax and drifting notions about therapeutics is that a large portion of the current medical literature of the day, is practically worthless. We have huge volumes written on the Practice of Medicine which do not contain a single recipe. The directions for the use of remedies are wholly omitted, or stated so vaguely that they are next to worthless.

A long article recently appeared in a contemporary on the advantages of "the alkaline treatment" in a certain class of diseases. What "the alkaline treatment" actually is, is nowhere stated. A few weeks since we borrowed an item from an English journal on the great success of the "cold water treatment" in epilepsy. We do not know to this day, for certain, nor could we learn from the source we drew from, any particulars or clear directions for the application of the water. Every copy of a medical journal will bear testimony to this neglect of ordinary and simple instructions. It is deemed, forsooth, that they are unnecessary. This is a great error. In reading a case we require to know precisely how much, in what combination, and at what intervals a drug was given, in order to form a correct opinion of its effect on the disease.

THE "DRY EARTH METHOD" IN COURT

It is rarely that a jury is called upon to decide on a new process in surgery, or the merits of a novel application to wounds. Such, however, was nearly being the case on the 16th of last month in this city, and the details of the case will have a deep interest for medical readers.

In June last a young woman, somewhat intoxicated, hurled a kerosene lamp at James Welsh, which struck the wall over his head, exploded, and covered him with burning oil. He was promptly removed to the Pennsylvania hospital, where by the direction of Dr. ADDINELL HEWSON the wound was dressed with dry earth daily. The patient complained of a great deal of pain and irritation in the wound, which led to an examination. The earth was found crusted and baked over the surface, and beneath this crust it was discovered that a large number of maggots had found a nidus, keeping up a distressing irritation. The man was walked down stairs, and necessarily exposed to some draft of outside air. The wound was washed by a continuous stream of water. Shortly afterwards tetanus supervened, and he expired.

The medical witnesses differed in their opinions of the severity of the wound, some maintaining they were slight, others that they were severe. Dr. Hewson testified that he considered them mortal. Certainly, however, the man did not die from the direct effect of the burn. The question was, was not the treatment the exciting cause of the tetanus?

There was a long cross-examination in regard to the effect of the "Earth treatment," the result being that the witness—Dr. Hewson himself—stated that the object in this case was to exclude the air, but other than this he was unable to tell the effect; that the pressure of this dressing did not affect the tissues beneath; and that the tendency of the earth dressing in a case of this kind is to assist nature.

Dr. H. C. CHAPMAN, who was Dr. HEWSON's assistant, testifies: "Dressed with dirt dressing right through, except glycerine and carbolic acid on one occasion; I think the dirt dressing increased the pain of the man; he complained to me about it, saying it pained him all the time except the first time I applied it, when he said it felt cool; he continued saying it pained him until the last time I spoke to him; I can't answer for what my chief did; if I was to make an application, it would be to

relieve him, but I would not apply this dirt dressing; I only obeyed orders."

A number of other surgeons were called, but seemed to have no practical knowledge of the merits or demerits of the earth treatment. In opinion they seem to have disapproved of it.

Leaving aside other questions in this case, Dr. HEWSON appears to have granted on cross-examination that the only effect of the treatment at all sure is to exclude the air, and that it does so insufficiently, both Dr. CHAPMAN's testimony and the result prove. The charge of mal-practice was virtually withdrawn by the defence, so that we can examine the result and speak of the subject dispassionately without animadverting on Dr. H. The sequel was certainly against the method, and in this coincides with the position this journal has always taken. We have on several occasions had this treatment urged upon our consideration, but being of opinion that it was unreasonable and of very doubtful propriety, have refrained from advocating it or giving it prominence.

Notes and Comments.

☞ We would ask as a SPECIAL FAVOR, those of our subscribers who do not care to keep their files complete, or who may happen to have duplicates, that they return the following numbers of the REPORTER, of which we are very much in need, viz: 619, 626, 634, 631, 652, 653, 656, and 660. Full credit will be given for them.

Diseases of the Throat.

We shall shortly begin the publication of a very important series of illustrated articles, by Dr. J. SOLIS COHEN, of this city, entitled "The Laryngoscope and its Accessories in the Diagnosis and Treatment of Diseases of the Throat."

The "Compendium of Modern Therapeutics."

In our advertising pages will be found an announcement of Dr. G. H. NAPHEYS' work on *Modern Therapeutics*. This, we venture to say, will be the most thoroughly practical, useful, and indispensable book ever issued from the American medical press. For, after all, is not *treatment* the object of all medical study? And in this work the author collects into one convenient volume, the most approved and thoroughly tested treatment of the best teachers in the healing art, in this country and in Europe. The most recent methods, when of acknowledged value, are received, and careful, minute, thoroughly digested directions are added.

Nov. 6, 1869.]

Correspondence.

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"Put some more Money into it."

It is said that many years ago the Proprietor of the *American Agriculturist* asked a friend of his, an old experienced Publisher, how he should promote the welfare of his journal. After sundry remarks, to the effect that people would in the long run patronize that journal which really contains the most valuable reading matter, and that the only way to secure this was to spare no labor or expense in obtaining the best men and the best information that money could buy, his friend closed by saying he would sum up his advice as to the way to make the *American Agriculturist* the best and most popular paper in the country—under three heads, viz: "1st. Put money into it.—2nd. Put more money into it.—3d. Put some money into it."—That advice seems to have been followed. No other monthly journal or magazine is got up at a greater expense of labor and money than the *Agriculturist*. Every page shows this. Its beautiful, pleasing and instructive engravings cost about \$1,000 in each number! Its ample pages are filled with carefully prepared reading matter, abounding in information useful to all classes, whether in city, village or country. A large force of the best practical men and women are constantly employed in gathering, and sifting, and condensing information. Yet while prepared at a cost exceeding that of the \$4 and \$5 magazines, the *American Agriculturist*, owing to the large patronage it enjoys, is supplied at \$1.50 per annum, or four copies for \$5, and at still less to large clubs. And those subscribing now get the paper from date of subscription to the end of 1870 at the price of a year. We advise all our readers to avail themselves of the opportunity, and subscribe now. They find it a good investment. The publishers are Orange Judd & Co., 245 Broadway, N. Y. City.

The *American Agriculturist* is really so good a paper that we make no apology for giving the above notice the benefit of our circulation, which we do, however, chiefly, because it illustrates exactly, our policy in conducting the MEDICAL AND SURGICAL REPORTER. We have not so wide a field to work in as the *Agriculturist* has, and can never hope to count our subscribers by the hundred thousand as it does, consequently we cannot publicise at so low a rate as that and other literary journals do.

But we can, and do put money—all we possibly can—into the Reporter, and the constancy of old subscribers, and the influx of new ones enables us to put more and more in every year. After awhile we can put in all that we wish to.

☞ The *Agriculturist* will be furnished gratis to or for any new subscriber who pays a year's subscription in advance.

"Female Regulating Pills."

All of us who have glanced over the advertising columns of many newspapers, will have observed how frequently one sees those disgusting proclamations which inform the female public that So and so's pills will promptly remove any irregularities in females; but that no married woman should use them, as they invariably prevent pregnancy. We

are glad to see that in his charge to the Grand Jury last month Judge Ingraham, of New York, called attention to the law passed at the last session of the State Legislature for the suppression of the trade in obscene literature or articles for immoral use, and obscene advertisements of patent medicines. He told the Grand Jury that it was their duty, if any violation of this statute was brought before them, to present the party for trial. We hope that this will be done, and that those newspapers which are notoriously pandering to public immorality will be brought up "with a round turn."

—The College of Physicians and Surgeons began its sixty-third session on the 4th inst. Two new features have been added to the course—a clinique on the diseases of children, and a clinique on genito-urinary diseases. Prof. J. W. McLane (Yale, '61) made the opening address.

Correspondence.**FOREIGN.****The International Medical Congress.**

(Special Correspondence of the MEDICAL AND SURGICAL REPORTER.)

[We take pleasure in laying before our readers the following full account of this important Congress. The account is more complete and recent than any yet published in this country.—Eds.]

FLORENCE, ITALY, October 6, 1869.

EDS. MED. AND SURG. REPORTER:

The International Medical Congress, which has been holding its sittings in this city during the last ten days, and which has been attended by a considerable number of foreign physicians, and by some 160 medical men from all parts of Italy, has labored under the disadvantage of taking place almost contemporaneously with the International Statistical Congress at the Hague. In the discussion of the latter body, questions of public hygiene are justly made to occupy a prominent place; and it is precisely questions of this class, which, likewise, give to the proceedings of the Medical Congress their chief general interest. It can, therefore, scarcely excite surprise if many of the eminent men of science of Northern Europe, engaged in such studies, have not found their way to Florence, from the simple fact, that they could find their way more easily to the Hague, and could secure, by their presence there, results identical with those which they might hope to accomplish here. It is almost superfluous to observe, that the general and permanent causes which render it more difficult for the members of the medical profession, than for those of any other class, to abandon, even temporarily, their associations, have not been without their

necessary effect in limiting the number of foreign physicians and surgeons who have repaired to Florence, and, in some cases, in hastening the departure of those who came. Still, in spite of these special and general impediments, the Congress can boast of the presence of Professor Bouillaud, Professor Lazarevitch, Bartsh, Besse, Buttern, Dujardin, Ebstein, Furnikel, Girard, Jaderholm, Mendel, Pascal, Tollbry, Zimmermann, Lombard, Herzen.

The Florentines had not been wanting in all the necessary preparations to receive,—they displayed an assiduous courtesy in the entertainment of their guests—government placed at their disposal, for the daily public discussions, the oratory of the Ministry of Public Instruction; the manager of the great hospital of Santa Maria Undia caused a suite of apartments, attached to that establishment to be most elegantly fitted up for the soriees of the members; the Minister of Public Instruction, Barjoria, formally inaugurated the Congress in an admirable speech; the Prime Minister, Count Menabrea, hospitably entertained the more distinguished at his table. The Florence medical body entertained them all without exception at a magnificent banquet in the *hôtel de la Paix*, the best hotel of Florence; Commandatore Perazzi did, in person, the honors of the city, in particular of the Florentine pantheon, Santa Croce; and the managers and concessionaire,—MM. Damiani and Cesacca, of the renowned mineral baths and springs of Monte Catini,—the Vichy of Italy,—placed special trains at their disposal to convey them to that spot, and, on their arrival there, did, along with the local authorities, every thing that good dinners and wines and speeches and cheering and military parades and music and illuminations and fireworks could accomplish to give them a hearty welcome. The demonstrative and dramatic side of such proceedings, in Italy seldom leaves any thing to complain of, but in the present instance the real value of the demonstrations lay in the reflection of genuine hospitality and kindness, and I have heard but one voice as to their reception from the foreign visitors to the Congress,—a voice of grateful recognition for the social courtesies which enlivened and gilded their serious work.

That work may be summed up as follows: After De Rengi, of Naples, had been appointed the regular President, and two honorary Presidents had been united with him in the persons of Bouillaud, of Paris, and Bufalini, of Florence, the regular work began by discussion of the various questions which had been placed on the order of the day. In order to save time it was found advisable to suppress the readings of entire memoirs, and to give merely the conclusions on which the debates then took place. Accordingly, at the second meeting, the Congress occupied itself with the conclusions of the memoir presented by Roth, of London, on the causes of

mortality of children in manufacturing cities and on the remedies for the same. Lombard, of Geneva, brought forward in this discussion a mass of statistics proving the greater mortality of infants in warm than in cold climates; a mortality greatly heightened in the south of Europe by two causes—by the custom of carrying new-born infants to church for the purpose of baptism, and by the particular influence of the malaria. His discussion was followed by one originating in a paper of Crispino, on hydrophobia, which passed into a general discussion on poison and on the benefits derived in the treatment of poison, as bites, from the use of ammonia and of vapor baths.

Much of the remarks of the next speaker, Professor Tommaselli, of Catania, on the cachexia cardiaica, was lost from the low voice of the speaker, so that one could only give a guess as to its character from the few critical remarks which it called forth from Bouillaud.

At the opening of next day's meeting, the 25th, the President communicated a letter from Professor Parlatore, the director of the Museum of Natural Science and History, inviting the members next day to that establishment for the purpose of there witnessing certain experiments and being made acquainted with certain researches—closely bearing on their common object. The invitation was unanimously accepted. Then commenced a discussion on the papers presented by Profs. Pantaleoni, and Salvagnolo on marsh miasma. The second of these medical men, holding the theory that the miasma originates in the mixture of fresh with salt water, whilst the first maintains that its cause must not be salt in that mixture, but rather in the putrefaction of vegetable substances thereby generated. This is an inquiry, I need scarcely say of vital importance, in Italy; but I am compelled to state that its treatment at the International Medical Congress was singularly inconclusive—no other result, after all being secured than the appointment of a commission to inquire into the whole matter.

The discussion nearly took a very polemical, and even political, character, for Professor Cipriani, of Florence, wished to extend it to the question of rice grounds and to the expediency of the latest Italian legislation on that subject.

The remainder of the same days' sittings was filled up by a discussion between Professor Baccelli, of Rome, on the one hand and Professors Herzen and Schiff of Florence, on the other, on the part to be assigned to the spleen in the function of digestion. Professor Baccelli repeated a theory which he had already published last June in the *Imparziale* under the title of "A new Function of the Spleen" where he maintained that the spleen with its vasa brevia is to the peptic cells of the stomach what the vena portarum is to the cholangio cells of the liver. Dr. Herzen whose critical

observations already published in the [Imparziale] had not been taken into account by Professor Z. Bacelli rose and repeated them; his objections were first that Bacelli's ideas were not at all new, but might be found in almost the same words, in several old writers. Amongst others, in the 6th volume of Burdach's Physiology, it was shown that the analogy with the Vena portarum could not be maintained, because conclusive experiments had a few years ago been published by Professor Schiff, proving that the secretion of the bile continues if the blood of the renal artery be artificially led into the ramifications of the different veins of the liver. The analogy therefore would consist in the fact that the spleen is not more indispensable for the formation of pepsin than the blood of the vena portarum for the formation of bile.

But thirdly, as Professor Bacelli evidently admitted, the blood of the vena portarum is indispensable for the secretion of bile, the necessary exclusion of less analogy is that the blood coming from the spleen is indispensable for the secretion of pepsin,—a theory, said Dr. Herzen, entirely false, because many experiments have proved that in animals well restored after the extirpation of the spleen the secretion of pepsin not only continues but the digestive power of the stomach is greater than in normal animals; so that if the spleen has anything to do with the quantity of pepsin secreted by the stomach, it is to be considered not as contributing to the formation of the gastric fermentation, but on the contrary as hindering the production of a maximum quantity of the same.

On these two rival theories a very animated discussion arose, which was important not only in itself, but from its bearings on the still more important inquiries subsequently made known relating to cancer, which the experiments of Professor Schiff have stimulated in an extraordinary degree.

The morning sitting of the 23d was divided between the treatment of two topics:—The succor to be given to the wounded in actual warfare, and the improvements to be introduced into hospitals. On the first point, some most extraordinary bulletins were read from Marshal Vaillant and Dr. Champonillon, showing the utter inadequacy of the medical and surgical assistance during the French campaign in Italy in 1859.

The afternoon sitting was held in the Royal Museum of Natural History, where one of the Professors, Schiff, read a paper which will, probably, be considered as the most important contribution rendered to the International Medical Congress of 1869, and the science which it was intended to promote. After a long and careful series of experiments, Professor Schiff has established, that whilst great danger attends the attempted reduction of cancer by the application of the gastric juice, no such dangers are involved in the application for the

same purpose of the pancreatic juice, which is found only to affect the unhealthy tissues. Professor Schiff illustrated this conclusion not only on portions of bodies to which the two juices had been applied, but by a living patient, in whom all the more alarming symptoms of cancer had, under the application of the pancreatic juice, disappeared. The loud cheers of the Congress testified to the unanimity of approbation with which the members greeted these researches.

At the sitting of the 29th, the discussion on Hospitals commenced the previous day, was continued and brought forth many interesting points of comparison between the arrangement and ventilation of the various European hospitals, much admiration being expressed in particular for those of Russia.

At the afternoon sitting of the same day the services rendered to public health by Professor Barelli in the establishment, now greatly diffused, of sea-side hospitals for the scrofulous poor, were generally acknowledged.

At the morning sitting of the 30th, the statistics transmitted by Professor Tassi, director of the Roman hospitals, on the special effect of railways on health, were regarded as very startling; they established that Europe presents an average annual number of 350,000 sick, and 4000 killed, without counting accidents, solely in consequence of railway influences. The statistics presented by Professor Alcaleo on the relative mortality amongst the inmates of the different stories of houses in Palermo, were not less suggestive. In the period between last February and June, 1192 individuals died in Palermo; 605 on the ground floors, 365 on the first floor, 119 on the second floor, and 104 on the third floor of the houses. Nothing can more luminously illustrate the relative health of the higher strata of air in continental, especially Italian, cities.

The sitting of the 1st of October was remarkable for the statistics which it elicited on the vast preponderance of female over male births announced in Italy to the local authorities—a preponderance so large as to suggest the probability that in order to evade the conscription, many male children are registered as female.

The subsequent proceedings were of a purely formal character relating to the arrangements for the next Congress,—to be held at Vienna, and, as I have already had occasion to mention, a most delightful pleasure trip to Monte Catini on the 3d instant, wound up the proceedings of the Congress by a generally appreciated and admirably arranged fete.

—Bismarck, according to various correspondents, has delirium tremens, bilious fever, Bright's disease, neuralgia, rheumatism and boils. Another correspondent says he is in "excellent health."

NEWS AND MISCELLANY.

To Keep Pure Air in a Sick Room.

The following simple arrangement will remedy the evil of foul gas, generated by burning a kerosene lamp all night in a nursery or sick room:

Take a raisin or any other suitable sized box, that will contain the lamp when set up on end. Place the lamp in the box, outside the window, with the open side facing the room. When there are blinds, the box can be attached to each by leaving them a little open and fastening with a cord; or the lamp box can be nailed to the window casing in a permanent manner. The lamp burns quite as well outside, and a decided improvement of the air in the room is experienced. Try it.

—Scientific American.

—A German photographer has invented a method of making seals and stamps with the portraits of his customers. A thin layer of gelatine, sensitized with bichromate of potash, is exposed to the action of light under a photograph positive, by which the parts acted on are rendered insoluble in water. The gelatine film is immersed in water, and the parts not acted on by the light swell up, and we obtain a picture in relief of which a plaster cast can be taken. A galvanic plastic copy being taken of the cast, we have a metallic fac simile of the photograph, which can be employed as a seal. This process suggests a method of obtaining perfect likenesses of persons in metallic checks for the use of the printer, and also an admirable way of illustrating scientific books.

—The celebrated Nelaton, doctor and senator, was sent for recently to Mulhouse, to visit Mr. Dollfus, the Mayor of the city, who was somewhat indisposed. Nelaton arrived in the morning and went back in the afternoon. Cost to the indisposed Dollfuss, 3,000 francs. What must have been the Emperor's bill, who, during his late illness, had both Nelaton and Fauvel—hardly less celebrated—thrice a day for more than a month?

—In '1863, Dr. Eben Swift, a surgeon in the United States Army, was traveling with his family on the Hannibal and St. Joseph Railroad, when the whole of his baggage, instruments, &c., was lost, has obtained a judgement in the United States Circuit Court of St. Louis for \$6,537.50.

—Dr. T. P. Andrews, a native of Vermont, aged 50, and a boarder at the Stevens House, New York city, was a few evenings since found dead in his bed, supposed from an overdose of chlorodyne.

—Dr. Wm. Bell, a well known physician of Xenia, died on the 11th inst., at the age of seventy, wanting eighteen days. He was a native of Pennsylvania, but had lived in Green county since 1810.

—Bellevue Hospital Medical College has opened under very favorable auspices.

—Six insane brokers, results of the recent “gold corner,” are announced in New York.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.*]

MARRIED.

BRITTON—STILLWELL. At the Madison Square Church, New York, Oct. 28, by the Rev. T. Ralston Smith, D. D., Channing M. Britton and Isabel, second daughter of J. E. Stillwell, M. D., all of that city.

STUART—LYNCH. October 13th, 1869, at the residence of W. P. Hill, Knightstown, Ind., by the Rev. L. B. W. Shryock, J. H. Stuart, M. D., of Spiceland, Ind., and Miss Annie M. Lynch, of the former place.

DIED.

CARVALLO—At Jefferson, Marion county, Texas, October 10th. 1869, Joseph Buckner Bayliss, infant son of Dr. Carlos Carvallo, U. S. Army, and Emma de Carvallo, aged 3 months and 14 days.

DENISON. In New York, October 28, George Burlingham, youngest son of Dr. E. and Ellen K. Denison, aged 5 years and 10 months.

DODD. At Bloomfield, N. J., October 26, Isaac D. Dodd, M. D., aged 70 years.

HOUGHTON. In New York, October 27th, Asahel Houghton, M. D., aged 61 years,

WORDS OF CHEER.

Dr. A. J. C., of New York City, writes: "I most cheerfully recommend the **REPORTER** and the **COMPENDIUM** to the profession, and do not see how a live American physician or surgeon can do without them."

Dr. S. A., of Kansas, says of the **COMPENDIUM**: "It typographical beauty and variety of subjects treated is not excelled by any foreign publication. I was pleased with No. 3, but am delighted with No. 4, especially as it treats largely of subjects by American authors."

QUERIES AND REPLIES.

Dr. A. H. MCF.—TEXAS:—We can furnish back volumes of the **REPORTER**, at \$2.50 per volume, unbound, and \$3.50 bound. If a considerable number of volumes should be taken there would be a deduction from that price.

THE NEBULIZER OF DR. SASS, or one acting on the same principle, can be furnished at a cost of about \$7.

METEOROLOGY